

REQUEST FOR ADDITIONAL IFTA DECALS

FOR YEAR	
[FOID]	YOUR ACCOUNT NO.

Mail To:

STATE BOARD OF EQUALIZATION
FUEL TAXES DIVISION
PO BOX 942879
SACRAMENTO CA 94279-6180

NAME		
BUSINESS ADDRESS		
CITY	STATE	ZIP CODE

BOARD USE ONLY		
RA-B/A	AUD	REG
RR-QS	FILE	REF
EFF		

**READ INSTRUCTIONS
BEFORE PREPARING**

IFTA ACCOUNT NUMBER

You may use this form to order decals for qualified motor vehicles that you wish to add to your IFTA fleet. You must have a current IFTA license issued by the California State Board of Equalization and your account must be in good standing.

SECTION I: Decal and Fee Computation *(this section must be completed)*

- | | |
|--|-------------------|
| 1. Enter the number of qualified vehicles requiring decals..... | 1. _____ |
| 2. Fee per set of decals | 2. \$ 2.00 |
| 3. Total decal fee enclosed <i>(multiply line 1 by line 2)</i> | 3. \$ |

SECTION II: Vehicle Information *(List complete information for each qualified motor vehicle that you wish to add to your IFTA fleet; attach a separate sheet if needed.)*

MAKE AND YEAR	BASE STATE VEHICLE REGISTRATION	VIN/LICENSE NUMBER	TYPE OF FUEL USED	REGISTERED OWNER IF DIFFERENT THAN IFTA ACCOUNT

**Make check or money order payable to the State Board of Equalization. Remittance must be in U.S. funds.
Always write your account number on your check or money order. Make a copy of this document for your records.**

YOUR SIGNATURE AND TITLE	TELEPHONE NUMBER ()	DATE
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**IF YOU WISH ADDITIONAL INFORMATION, PLEASE CONTACT THE STATE BOARD OF EQUALIZATION,
FUEL TAXES DIVISION, PO BOX 942879, SACRAMENTO, CA 94279-0065, TELEPHONE 916-322-9669**

